

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000000889**

1. Entity Name

**FOREST HILL FAMILY PARTNERSHIP, LTD.**

Principal Place of Business  
**1825 FOREST HILL BLVD., SUITE 201  
 WEST PALM BEACH FL 33406**

Mailing Address  
**C/O CHARLES F. MOHAUPT  
 1825 FOREST HILL BLVD., SUITE 201  
 WEST PALM BEACH FL 33406**

**FILED**  
 01 JAN 29 AM 11:24

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**62-1726701**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOHAUPT, CHARLES F  
 1825 FOREST HILL BLVD., SUITE 201  
 WEST PALM BEACH FL 33406**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
 as Shown on record.

**\$1,400,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>CHARLES F. MOHAUPT, TRUSTEE</b>	<b>1825 FOREST HILL BLVD., SUITE 201</b>	<b>WEST PALM BEACH FL 33406</b>
	<b>CAMILLE J. MOHAUPT, TRUSTEE</b>	<b>1825 FOREST HILL BLVD., SUITE 201</b>	<b>WEST PALM BEACH FL 33406</b>

STREET ADDRESS	CITY-ST-ZIP

**800003630308--1**  
**-02/02/01--01050--003**  
**\*\*\*526.25 \*\*\*526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*SIGNATURE REQUIRED Mohaupt*

1-19-01

561-964-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)